

**RFP # 007-0-2012/AT**

**Towing for Fire Service Vehicles**

# **Wildwood Auto Repair & Wrecker Service, Inc.**

**1190 South Main Street**

**Wildwood, Florida 34785**

**(352) 748-1716**

**Wildwood Auto Repair  
& Wrecker Service, Inc.**

**24 Hour Towing**



Phone (352) 748-1716  
Fax# (352) 748-5800

1190 S. Main St.  
Wildwood, FL 34785

## PROPOSALS COVER PAGE

**Name of Firm, Entity or Organization:**

**Wildwood Auto Repair & Wrecker Service, Inc.**

**Federal Employer Identification Number (FEIN): 59-3154442**

**State of Florida License Number (If Applicable): MV-05798**

**Name of Contact Person: Julie A. Redding**

**Title: President**

**E-Mail Address: Towmaster1716@embarqmail.com**

**Mailing Address: 1190 South Main Street**

**Street Address (if different):**

**City, State, Zip: Wildwood, Florida 34785**

**Telephone: (352) 748-1716**

**Fax: (352) 748-5800**

**Organizational Structure – Please Check One:**

**Corporation ☒ Partnership ☐ Proprietorship ☐ Joint Venture ☐ Other ☐**

**Corporation:**

**Date of Incorporation: 1993**

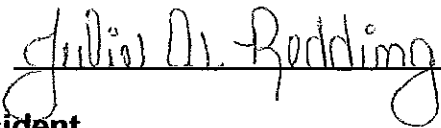
**State of Incorporation: Florida**

**States Registered in as Foreign Corporation:**

**Authorized Signature:**

**Print Name: Julie A. Redding**

**Signature:**



**Title: President**

**Phone: (352) 748-1716**

***This document must be completed and returned with your Submittal.***

## PROPOSER'S CERTIFICATION

Submit To: Sumter County Board of County Commissioners  7375 Powell Road Wildwood, Florida, 34785 Phone 352-689-4400 Fax 352-689-4436		SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS  REQUEST FOR PROPOSALS (RFP) CERTIFICATION  AND ADDENDA ACKNOWLEDGMENT	
DUE DATE: April 9, 2012	DUE TIME: 10:00 a.m.	RFP # 007-0-2012/AT	
TITLE: Towing for Fire Service Vehicles			
VENDOR NAME: Wildwood Auto Repair & Wrecker Service, Inc.		PHONE NUMBER: (352) 748-1716	
VENDOR MAILING ADDRESS: 1190 South Main Street		FAX NUMBER: (352) 748-5800	
CITY/STATE/ZIP: Wildwood, Florida 34785		E-MAIL ADDRESS: Towmaster1716@embarqmail.com	
<p>"I, the undersigned, certify that I have reviewed the addenda listed below (list all addenda received to date). I understand that timely commencement will be considered in award of this RFP and that cancellation of award will be considered if commencement time is not met, and that untimely commencement may be cause for termination of contract. I further certify that the services will meet or exceed the RFP requirements. I, the undersigned, declare that I have carefully examined the RFP, specifications, terms and conditions as applicable for this Request, and that I am thoroughly familiar with all provisions and the quality and type of coverage and services specified. I further declare that I have not divulged, discussed, or compared this RFP with any other Offeror and have not colluded with any Offerors or parties to an RFP whatsoever for any fraudulent purpose."</p>			
Addendum #	Addendum #	Addendum #	Addendum #
<p>I certify that this quote is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an RFP for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this RFP and certify that I am authorized to sign this response and that the offer is in compliance with all requirements of the RFP, including but not limited to certification requirements. In conducting offers with an agency for Sumter County Board of County Commissioners (BOCC), respondent agrees that if this Proposals is accepted, the respondent will convey, sell, assign, or transfer to the Sumter County BOCC all rights, title and interest in and to all causes of action it may now or hereafter acquire under the anti-trust laws of the United States for price fixing relating to the particular commodities or services purchased or acquired by the COUNTY. At the Sumter County BOCC discretion, such assignment shall be made and become effective at the time the purchasing agency renders final payment to the respondent."</p>			
Julie A. Redding (President) _____ Authorized Agent Name, Title (Print)		<div style="display: flex; align-items: center;"> <div>                     _____                      Authorized Signature                 </div> </div>	
		4-6-12 Date	
<b><i>This form must be completed and returned with your Submittal</i></b>			

Owner / Business Name: <b>Cliff Nash / NASH, Inc.</b>		
Project Location / Address: <b>3494 N. US Hwy. 301</b>		
City: <b>Wildwood</b>	State: <b>Florida</b>	Zip Code: <b>34785</b>
Point of Contact: <b>Monte Wilson</b>		Dates of Work: <b>2001</b>
Phone Number: <b>(352) 748-1454</b>		Fax Number:
E-mail Address:		
Project Name:		
Brief Description of Project: <b>Maintenance, Repairs &amp; Towing on Fleet of Vehicles.</b>		

Owner / Business Name: <b>Rural / Metro Ambulance</b>		
Project Location / Address: <b>4728 Old Winter Garden Road</b>		
City: <b>Orlando</b>	State: <b>Florida</b>	Zip Code: <b>32811</b>
Point of Contact: <b>Christine Hill</b>		Dates of Work: <b>2011</b>
Phone Number: <b>(352) 446-6293</b>		Fax Number:
E-mail Address:		
Project Name:		
Brief Description of Project: <b>Maintenance, Repairs &amp; Towing of Ambulances.</b>		

Owner / Business Name: <b>The Villages Fire Rescue</b>		
Project Location / Address:		
City: <b>The Villages</b>	State: <b>Florida</b>	Zip Code:
Point of Contact: <b>Frank</b>		Dates of Work: <b>2007</b>
Phone Number: <b>(352) 303-5949</b>		Fax Number:
E-mail Address:		
Project Name:		
Brief Description of Project: <b>Towing of Fire Vehicles</b>		

***This document must be completed and returned with your Submittal***

**CONTRACTOR'S AFFIDAVIT**

State of Florida  
County of Sumter

Before me personally appeared Julie A. Redding who is (title) President of (the company described herein) Wildwood Auto Repair & Wrecker Service, Inc. being duly sworn, deposes and says that the foregoing statements are a true and accurate statement of the position of said organization as of the date thereof, and, that the statements and answers to the foregoing experience questionnaire are correct and true as of the date of this affidavit; and, that he/she understands that intentional inclusion of false, deceptive, or fraudulent statements of this application constitutes fraud; and, agrees to furnish any pertinent information requested by The Sumter County Board of County Commissioner deemed necessary to verify the statements made in this application or regarding the ability, standing and general reputation of the applicant.

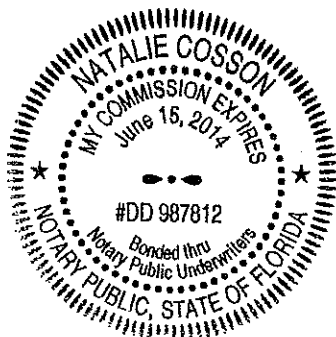
Personally Known ✓ or Produced Identification \_\_\_\_\_

Sworn to and subscribed before me this 6<sup>th</sup> day of April, 2012

Natalie G. Cosson  
NOTARY PUBLIC - STATE OF FLORIDA  
(Signature of Notary Public)

Natalie G. Cosson  
(Print Name of Notary Public)

(seal)



***This document must be completed and returned with your Submittal***

## DRUG FREE WORKPLACE CERTIFICATE

the undersigned, in accordance with Florida Statute 287.087, hereby certify that,

**Wildwood Auto Repair & Wrecker Service, Inc.**

(print or type name of firm)

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the work place, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under Proposals or bid, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under Proposals or bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea or guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (\*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.
- "As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".

Julio M. Bedding  
Authorized Signature

April 06, 2012

Date Signed

State of: Florida

County of: Sumter

Sworn to and subscribed before me this 10th day of April, 2012

Personally known ✓ or Produced Identification \_\_\_\_\_  
(Specify Type of Identification)

Natalie Cosson  
Signature of Notary

My Commission Expires June 15, 2014

(seal)



**PROPOSAL DOCUMENTS CHECKLIST OF ITEMS REQUIRED TO BE SUBMITTED**

The following documents and forms in the following arrangement must accompany each Proposal Package or alternate RFP submitted:

- ❑ RFP Cover Page. This is to be used as the first page of the RFP. This form must be fully completed and signed by an authorized officer of the vendor.
- ❑ Proposer's Certification / Addenda Acknowledgement Form.
- ❑ Qualification Form for Board of Sumter County Commissioners
- ❑ Statement of Terms and Conditions - statement must be signed and returned with the RFP form.
- ❑ A sworn, notarized Statement of Reference and Similar Project Experience Form.
- ❑ A sworn, notarized Drug Free Work Place Certificate must accompany each Proposal Package or alternate RFP.
- ❑ A separate sheet or sheets, clearly identified and numbered, of Exceptions or Deviations from the minimum specifications, must be attached to the Proposal Form (if applicable).
- ❑ Proposal Document Checklist of Items Required to be Submitted.
- ❑ Cost Proposal form.
- ❑ One (1) original, one (1) electronic version on a CD or Flash Drive of the original RFP in its entirety not password protected, and four (4) copies of the original RFP packet.
- ❑ A Certificate of Insurability, acceptable to the County, shall accompany each Qualification or alternate proposal, in the amounts as prescribed by State and Sumter County BOCC
  - Liability Insurance: The submitter shall purchase and maintain such insurance as will protect him/her from claims which may arise out of or result from the vendor's operations under the terms and conditions of the RFP. Liability insurance shall be obtained at the vendor's expense and in his/her name as the insured, which Certificate shall show Sumter County Board of County Commissioners as additional name insured. Liability insurance shall be provided on a form approved by Sumter County Board of County Commissioners and shall include endorsements for contractual liability and such other endorsements appropriate for the work required by this RFP as may be required by the Sumter County BOCC. The limit of liability for this coverage shall not be less than \$1,000,000 single event limit.
  - Automobile Liability Insurance covering all automobiles and trucks the vendor may use in connection with this RFP. The limit of liability for this coverage shall not be less than \$500,000 CSL per occurrence for bodily injury and property damage. This is to include owned, hired, and non-owned vehicles.
  - Workers' Compensation Insurance, as required by the State of Florida.

**PART 5**  
**SCOPE OF SERVICES**

The Sumter County Board of County Commissioners (BOCC) is requesting proposals from qualified consultants/ firms for the **RFP # 007-0-2012/AT Towing for Fire Service Vehicles**, to;

The objective of this process is to identify the most appropriate vendor to provide vehicle towing service on Fire Service vehicles (Light, Medium Duty Vehicles, Commercial Duty Trucks and Heavy Equipment). This bid specifically refers to those vehicles considered automobiles or light & medium duty trucks as: sedans, wagons, vans, SUV's, pick-up, and utility type trucks up to and including 1.5 ton or "550 class" vehicles. This bid specifically refers to those vehicles considered commercial duty trucks and heavy equipment as: fire engines, tankers (tenders), heavy rescue and aerial apparatus, with gasoline and diesel engines.

**SCOPE OF WORK:**

Vendor shall have the ability to provide emergency vehicle towing services for each type of vehicle/apparatus that is operated by the fire rescue department. This includes fire engines, tanker/tenders, brush trucks and aerial apparatus, as well as smaller apparatus and passenger type vehicles. This service must be available 24 hours a day, seven days a week, and must be available to tow vehicles to and/or from surrounding counties as needed. Tow service must be able to be on scene of emergency breakdowns within Sumter County within one (1) hour from time requested. Cost of service must indicate any additional fees if applicable for after-hours service, with time frames being specified in bid document.

**CONTRACT PRICING (TOWING/ROAD SERVICE):**

The contractor guarantees that the prices covered by this contract shall be the lowest prices offered to any customer for similar goods/services during the period of this contract. If the Contractor offers lower prices or new rate plans for similar goods/services to any other customer during the contract period, then these lower prices shall be offered to the County and the contract shall be modified accordingly. All invoices must include a breakdown of all applicable charges to include: flat fee, connection charge, per mile charge, and any special or additional charges.

**PRICING DETAIL SHEET**

**COST ESTIMATES TOWING SERVICE (Light and Medium Duty Vehicles)**

Flat Fee (if applicable)	\$ <u>N/A</u>
Connection Charge (if applicable)	\$ <u>100.00</u>
Per mile charge (if applicable)	\$ <u>3.00</u>
Special after hours charge	\$ <u>N/A</u>

Additional or Special Fees such as extraction from soil, loose dirt, or any other situations not specifically identified (explain below)                      \$ 100.00 (per hour labor for winching if needed)



Flat Fee (if applicable)	\$ <u>N/A</u>
Connection Charge (if applicable)	\$ <u>200.00</u>
Per mile charge (if applicable)	\$ <u>4.00</u>
Special after hours charge	\$ <u>N/A</u>

Additional or Special Fees such as extraction from soil, loose dirt, or any other situations not specifically identified (explain below)

Additional or Special Fees (explain below)	\$ <u>200.00</u> (per hour for winching if needed)
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These costs will be referred to as the target cost. Note: The County has the right to reject the quoted estimate if it is deemed unreasonable. The County also reserves the right to obtain quotes from other contractors if it is deemed to be in the County's best interest to do so.

Identify any service/maintenance included in price that is not identified as being a required service of this bid.

Name/Telephone/Cell of emergency contact **Wayne or Julie Redding (352) 748-1716 (answered 24/7)**

Any additional comments or pricing you would like to indicate:



# CERTIFICATE OF LIABILITY INSURANCE

WILDW-1

OP ID: AC

DATE (MM/DD/YYYY)

03/21/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Chase Insurance Agency Inc P O Box 17497 Plantation, FL 33318-7497 RICK CHASE		954-792-4300 954-791-9344	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
<b>INSURED</b> Wildwood Auto Repair & Wrecker Service Inc P O Box 645 Wildwood, FL 34785		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Nova Casualty Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		<b>NAIC #</b> 42552	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		TIP CL 0011222-0	03/02/12	03/02/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TIP CL 0011222-0	03/02/12	03/02/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garagekeepers Legal			TIP CL 0011222-0	03/02/12	03/02/13	\$500 Ded 120,000
A	On Hook & Cargo			TIP CL 0011222-0	03/02/12	03/02/13	\$1000 Ded Varies

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Garagekeepers Legal Liability \$120,000 w/ 500/2500 ded for location located @ 1190 S Main St, Wildwood, FL. 34786. Additional Insured in favor of certificate holder.

## CERTIFICATE HOLDER

## CANCELLATION

SUMTC02

Sumter County Board of  
 County Commissioners  
 7375 Powell Rd Ste 206  
 Wildwood, FL 34785

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*R. H. Chase*

03/21/2012 10:51 AM FAX NO. 74131-2102

## **PART 2 EVALUATION AND AWARD**

### **PROPOSALS EVALUATION**

This Request for Proposals includes following all the procedures in this document and sending the sealed Proposals information to the Sumter County BOCC by the due date and time. Once Proposals are received, the Selection Committee members will independently review each submittal and score each Proposal based on the evaluation criteria. All Proposals received in accordance with this Request for Proposals will be evaluated using the following criteria.

	Score	X	Weight	=	Rating
1. Contractor's Experience and References	_____		<u>0.15</u>		_____
2. Warranty / Guarantee	_____		<u>0.20</u>		_____
3. Completeness of Proposal	_____		<u>0.15</u>		_____
4. Price	_____		<u>0.50</u>		_____

#### **SCORE:**

0 = Non-Responsive

1 = Poor

2 = Fair

3 = Average (Included only minimum of what was asked for on subject criteria)

4 = Good

5 = Excellent

**Do not attempt to contact any Selection Committee Member, staff member or person other than Mrs. Amanda Taylor for questions relating to this project. Anyone attempting to lobby Sumter County BOCC representatives may be disqualified.**

Recommendation of award will be provided on Demand Star once award is made at [www.demandstar.com](http://www.demandstar.com). The award will be based on the Proposal that is most advantageous to Sumter County. All Selection Committee recommendations are subject to BOCC approval.

The Selection Committee will meet to discuss Proposals on April 13, 2012 at 10:30 a.m. in Room 110 located within The Villages Sumter County Service Center.

The Selection Committee's recommendation will be taken to the Sumter County Board of County Commissioners on April 24, 2012.

### **PROPOSALS AWARD**

Submitters and vendors registered through [www.demandstar.com](http://www.demandstar.com) will have access to award documents via the website. All others wishing to receive an official tabulation of the results of the opening of this Proposal are to submit a self-addressed, stamped business size (No. 10) envelope. Proposal results may also be requested by telephone, fax or electronic media.